



The Commonwealth of Massachusetts
Division of Professional Licensure
5th Floor, 239 Causeway Street ☐ Boston, MA 02114
<http://www.mass.gov/reg/boards/pa>
(617) 727-1806

Board of Registration in Public Accountancy

Please check the appropriate box for change(s)

NAME CHANGE

☐

ADDRESS CHANGE

☐

DUPLICATE LICENSE

☐

All requests should be mailed to the address listed above and directed to the Board of your profession.

Print/type clearly the information as it
is **NOW SHOWN** on your license:

Name: _____

Address: _____

City/Town: _____

State: _____

Board: _____ **Lic. Type:** _____

Lic. No: _____

U.S. SS # (Mandatory): _____

Birth Date: _____

Expiration Date: _____

Print/type clearly the information as you
wish it to appear on your **NEW** license.

Name: _____

Address: _____

City/Town: _____

State: _____ **Zip Code:** _____

For office use only

Fee: _____

Date Received: _____

Initial: _____

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐

2. For address changes only, **DO NOT** return your current license.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

FEE (S)

1. Duplicate license \$17.00

3. Name change with new license \$27.00

* Address change (only) No Fee

Make check or money order payable to the
"Commonwealth of Mass."

DO NOT SEND CASH

Signature

Telephone Number

Date